

2015
Recurring Event – Coordinator’s Checklist

ANNUAL COORDINATOR’S FEE - \$100

NEW RECURRING EVENT FIELD PLAN REVIEW FEE – \$402

RETURN TO HEALTH DEPARTMENT DISTRICT OFFICE THIRTY (30) DAYS BEFORE EVENT.

*Providing the following information will help to ensure that you have a successful event. Be sure to notify all food booth participants of the Health Department requirement to apply for a Recurring Temporary Food Service Permit at least **TWO (2) WEEKS PRIOR TO THE EVENT**.*

Application for a Recurring Temporary Food Service Permit can be made on-line at <http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx>

1. NAME OF EVENT: _____

➤ DATES OF EVENT: _____

➤ Circle the day(s) of the week that the event will be recurring on: Sun, Mon, Tues, Wed, Thurs, Fri, Sat

2. EVENT LOCATION: _____

3. NAMES OF EVENT COORDINATORS/RESPONSIBLE INDIVIDUALS:

	<u>Name</u>	<u>Email</u>	<u>Phone</u>
a.	_____	_____	_____
b.	_____	_____	_____

4. NUMBER OF ANTICIPATED FOOD BOOTHS: _____

5. TIME OF: a. EVENT SET-UP: _____
b. EVENT OPERATION: _____

7. DESCRIBE AVAILABLE RESTROOM FACILITIES FOR FOOD SERVICE WORKERS. Letter of availability may be required. Restrooms must be located within 200 feet of food booths with hot water for handwash.

9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? ____ Yes ____ No If yes, describe: _____

10. WILL EQUIPMENT WASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS? ____ Yes ____ No
(If event occurs 2 or more days in a row, dishwashing facilities are required)

a. If yes, describe: _____

b. If yes, describe water supply: _____

c. If yes, describe waste water disposal: _____

d. If no, where will equipment washing take place? _____

12. _____
(Signature) (Title) (Date)

Please submit Coordinator’s Check list to

DOWNTOWN
401 5th Ave, 11th Floor
Seattle, WA 98104
206-263-9566

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050

Available in alternative format upon request pursuant to ADA